

Preparedness and Survival

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IN his book, *Year of Decision*, Bernard de Voto wrote: "Sometimes there are exceedingly brief periods which determine a long future. The limb of a tree grows to a fore-ordained shape in response to forces determined by nature's equilibriums, but the affairs of nations are shaped by the actions of men, and sometimes, looking back, we can understand which actions were decisive."

De Voto's year of decision was 1846, a year of westward march and external crisis for the United States. Nowadays, events move at a swifter pace. In the turbulent world of the mid-twentieth century, every year is a year of decision.

Yet there are areas of demarcation and resolution which can be fixed firmly in a period of time. One such area is civil defense and the time is the present. For 1958 has been a year of decisive action in national civil defense and mobilization, that is, all the civilian activities undertaken for preparedness, survival, and recovery in time of war or emergency.

Actions taken by the President indicate the high priority he places on civil defense and mobilization programs in the Federal Government:

- Reorganization Plan Number 1 of 1958 coordinates the Federal Civil Defense Administration and the Office of Defense Mobilization into the Office of Civil and Defense Mobilization (OCDM). Central direction will reside in the Executive Office of the President.

This article is the substance of an address delivered by Dr. Burney before the 86th annual meeting of the American Public Health Association in St. Louis, Mo., October 28, 1958.

- The President will delegate specific civil defense responsibilities to various Federal agencies with policy determinations and coordination by OCDM, under the direction of the Honorable Leo A. Hoegh, former Governor of Iowa. The Public Health Service will be responsible for health and medical care operations.

- A new national plan for civil defense has been developed, spelling out principles and general strategy.

In sum, the entire civil defense and mobilization effort will be stepped up and given the kind of emphasis called for by these troubled times.

Civil defense is as urgent as tomorrow's newspaper headline and as near as a pushbutton. It cannot be shrugged away. It cannot be postponed until some indefinable date when we may be so generously supplied with personnel and resources that we can proceed in a leisurely fashion. That kind of future may never arrive. The dark specter of disaster—either natural or manmade—is an everyday possibility, hovering like an unwelcome neighbor just outside our door.

Are we ready for tomorrow's hurricane or flood or atomic explosion? If we as health leaders cannot answer that question with a resounding "Yes!" we are failing in our civic responsibilities. Medical and public health services for emergencies must be ready and they must be able to work. Leadership in civil defense planning is the strongest kind of evidence that the health personnel of this country have the safety of their fellow men at heart and are working to protect it.

To be sure, civil defense and mobilization are complex. There have been false starts and

changed signals. There have been gaps in staffs and in funds, and lack of a steady focus in civil defense work.

As a former State health officer, I have shared with you some of the frustrations of the past. There will probably be new ones in the future. We have been and will be confronted by vast and changing needs. Who could have known 2 years ago the challenges that confront us today—the new weapons, the mounting potentialities of warfare? We must be prepared every day to meet the unpredictable, the unknown.

Another Look at Civil Defense

The actions taken in 1958 are designed to correct past deficiencies at the Federal level. New appraisals of potential attack and a thoroughgoing administrative study led to the adoption of two important principles. The first is that the total civilian defense must be considered of equal importance to our military preparedness. The second is that mobilization and defense of civilian resources are inseparable and should be under the supervision of a single organizational unit of the highest stature and authority. This means not only the protection of the population in their local communities but also the management of all resources for production, procurement, and stabilization of the economy in time of war.

A basic concept of this plan is that civil defense functions should be planned and carried out by the Federal agencies best equipped to deal with them. The Office of Civil Defense and Mobilization will provide policy direction and coordination. The Federal agencies will be responsible for program content and operations.

In line with this policy, Governor Hoegh has indicated that broad responsibilities will be delegated to the Department of Health, Education, and Welfare, with the Public Health Service responsible for health and medical care. The delegation of authority, however, has not yet been made. In general we expect that it will include the following types of responsibilities:

- Overall planning and guidance of emergency health and medical services.

- Development of national medical casualty and preventive health services.
- Development of a national emergency water supply plan.
- Training of emergency health and medical personnel.
- Conduct of research in medical and public health emergency measures.
- Continuous evaluation of civilian health and medical resources and requirements.

These broad responsibilities, of course, will encompass such specific areas as radiation surveillance and protection of the civilian population against biological and chemical warfare agents.

In effect, therefore, the Public Health Service will plan and direct the health and medical components of civil defense and defense mobilization at the national level. To do this, we are already developing plans that will make all-out demands upon all of the Nation's health resources, both governmental and nongovernmental. The responsibility for casualty care is a tremendous one. It is the hard core of civilian health defense.

Two other important developments round out the story of this Nation's new look at civil defense in 1958.

The first is the enactment of P. L. 85-606, amending the Federal Civil Defense Act of 1950. Among other things, this amendment for the first time authorizes contributions to the States for the administration of civil defense services. State health departments will need to work with their State civil defense directors to see that a proper portion of funds appropriated under this authority is made available for emergency health and medical activities.

The second accomplishment is the issuance by OCDM of the National Plan for Civil Defense and Defense Mobilization. Just off the press and now being distributed, this plan is the basic document of civil defense. It sets forth the mission of each level of government and of the individual citizen. Each of us should become familiar with the plan and with its forthcoming annexes, which will cover all the special and auxiliary services essential to civil defense. The Public Health Service will have primary responsibility for developing the annexes on the national medical and health plan, the national

water plan, and the national biological and chemical warfare defense plan.

The national plan and its annexes will be our guide to civil defense principles and strategy. Actual operations, however, will depend very largely on local preparedness and effort. Federal planning is designed to develop the capabilities of local agencies and to coordinate the programs. But the States and communities must be ready to do the job.

We shall, of course, work closely with the States. We expect to rely on established relationships and to develop new ones. As in more familiar programs, the key to an effective civil defense program is a strong local-State-Federal partnership, backed up by the participation of professional and voluntary groups.

In particular, we plan to centralize our civil defense activities in a new division in our Bureau of State Services. This division will serve as a focal point for civil defense planning and operations.

In addition, I plan to invite a group of leaders to serve as an advisory committee on health and medical services for civil defense. National leaders in medicine, public health, civil defense, and public affairs will be asked to recommend courses of action for the Public Health Service and cooperating organizations.

As most of you know, a Division of Radiological Health has recently been established within the Service. We expect to draw upon the resources of this division in developing plans for radiation research, training, and protection. Studies in radiation monitoring and exposure and on radioactive fallout levels are already underway. These and similar studies should be of invaluable aid in devising radiological defense measures.

Other units of the Service will participate in civil defense operations which are geared to their normal programs. For example, the sanitary engineering and communicable disease control components of the Service will have primary responsibility for planning and action in their areas of competence. This concept of "built-in" civil defense is logical and desirable for agencies at all levels.

So much for what has been done this year and what the Public Health Service expects to accomplish in the months ahead.

The estimates of damage to this country from nuclear attack are all too familiar. So is the picture of utter chaos that can follow any type of enemy action in modern warfare: nuclear, conventional, biological, or chemical. You know as much of what has been said and written about these horrifying possibilities as I do.

You and I, with every other qualified medical and health worker have the duty to protect, insofar as possible, 175 million Americans from the effects of attack, when and if it comes. If we can disregard for the moment the picture of total war, it may be easier to think realistically of what we must do now, systematically month after month, year after year, in order to live up to our charge.

Interlocking Plans

In many ways, civil defense is an intensely local problem. In the event of enemy attack, individual areas may have to be on their own for weeks, especially if they have not been direct targets and have not sustained casualties. They would undoubtedly be cut off from normal channels of transportation, trade, and communications. Many communities will have to rely on their own resources to an unprecedented extent. They will have to develop a kind of self-sufficiency not within the recent experience of our American communities. They will also have to share their health and medical services with less fortunate areas.

Conversely, therefore, it is not enough to think of civil defense as a local affair. Your town, my town, will receive protection only insofar as the total health and medical resources of the Nation are planned, organized, practiced, and mobilized to come to its defense.

We must work at the basic components of civilian health and medical defense in a series of interlocking plans at local, State, regional, and national levels. These, in turn, will be developed in the same intimate relationship with other components of civil defense, such as communications, transportation, food supply, fire control, rescue, and postattack rehabilitation.

The basic components of civilian health and medical defense are:

- Development of a health and medical care plan, closely tied in with related service and resource plans.

- Activation of the plan by means of a uniform organization and systematic practice in emergency health and medical exercises.

- Continuing training programs so that all health and medical workers will be instructed on new problems and new methods.

- A communications system so that all health and medical workers are kept informed of administrative and other developments.

The specific services which must be developed are closely related to our usual public health jobs: communicable disease control, sanitation, laboratory services, development of health facilities, and special services for mothers, children, and older people. In fact, these usual programs are our first line of health defense in any emergency. Underlying the total plan for civil defense and mobilization is the assumption that civilian health must be maintained and raised to higher levels if the Nation is to meet the stresses of war and withstand enemy attack.

Civilian health and medical defense, however, calls for something more than intensifying our present programs. It requires new organizational relationships and cooperation in a literal sense, that is, operating together. We have many cooperative programs for clearly defined goals. In civil defense, the goal may not be clear, but we must have specific actions at specific times and in specific places. So many physicians, dentists, nurses, engineers, sanitarians, and health educators will be expected to turn out at specific times and locations to carry out the duties they will be expected to perform in the face of disaster. They will be expected to repeat this performance until the response is automatic, smooth, and sure. Such a state of readiness must become a reality in every part of the country.

Every health agency, official and voluntary, every professional society, national, State, and local, should know where and how it can best function in an emergency. In public health departments, plans should be made for a second headquarters in case the first has to be abandoned. There should be well worked out lines of succession in key health jobs to assure continuity of leadership. Provision should be made for safe storage of essential records.

It is assumed that local health authorities are thoroughly familiar with health resources

in their communities. Civil defense planning requires that these resources be known at regional and State levels, and that this knowledge include resources outside the traditional health settings which may be drawn upon for health and medical services in an emergency.

Disaster Resources

Obviously, medical care will have to be provided for casualties. But what measures will be necessary to take care of illnesses when the supply of physicians is severely depleted? when there is an acute, often prolonged, shortage of medical and sanitation supplies? when medical facilities are damaged or greatly overcrowded? How can we handle the problems growing out of a limited food supply?

There is also the vital matter of personnel and training. Emergency planning calls for a nationwide reservoir of professional health manpower trained in civil defense knowledge and skills. We in the Public Health Service plan to work with universities, health agencies, and professional groups in increasing these skills. In this connection, we will work with the program of medical education for national defense under which grants are made to medical schools to incorporate into their curriculums the new knowledge of military or civil emergency medicine and public health. Such assistance needs to be expanded both in amount and scope. For example, measures need to be developed for bringing the new knowledge to physicians already in practice, and to the other health professions.

In order to conserve the skills of the health professions in emergencies, the public must also be trained in first aid and home nursing techniques. Professional activities can then be limited to highly skilled tasks and supervision. The public, as well as the professions, must be prepared to live with austerity.

All types of supplies and equipment must be available and ready for use. In the field of health requirements, the Public Health Service will evaluate the needs for essential survival items and develop programs designed to assure these supplies during emergencies, using stockpiling and other reserve build-up measures. The Service already has underway a na-

tional inventory of survival-type medical items located at wholesale drug outlets, warehouses, hospitals, and retail drugstores. The information developed from this study, to be completed early in 1959, will point up anticipated shortages of essential items.

Preparedness and survival in war are, of course, closely related to preparedness for natural disasters. Each year, hurricanes, floods, tornadoes, and other misfortunes kill and injure thousands of people, disrupt entire communities, and cause untold destruction of homes and property. Every disaster, every threat of disaster, should be used as a training ground for civil defense operations.

We in health and medical services should take advantage of what Secretary Flemming, in his former capacity as director of the Office of Defense Mobilization, calls the "positive impact" of natural disasters, wherein "the experience of fighting the disaster helps us to create the organizations and learn the techniques needed to fight the much greater disaster of war." By the same token, our capability of handling a hypothetical attack should stand us in good stead in responding effectively to the lesser problems of natural disasters.

Our Year of Decision

The great difficulty in civil defense work is that we are dealing with calculated guesses, with possibilities so awesome that they are difficult to accept. We must overcome our natural reluctance to admit such possibilities. The realities of today's world lead inescapably to

the conclusion that preparedness for civilian defense will be a part of our normal way of life for many years to come. If civil defense is seen as such a continuing responsibility, to be planned for and worked for on its own merits, public health can create and perfect the machinery that will help the people of this Nation withstand an enemy attack, recover from it, and press on.

It is my great concern that the Public Health Service provide a steady stimulus to planning, organization, and action in civil defense throughout the Nation in the months ahead. We, of course, can accomplish very little alone. I am gratified to learn that we shall begin with well-developed plans in many States. I am even more gratified by the action of several major professional organizations, without whom no national emergency health and medical service can be developed. The American Medical Association and the American Hospital Association, for example, both have strong civil defense committees prepared to join in national planning.

We in public health must become more sensitive to civil defense needs and we must develop both the competencies and a focus of organization and action. Civil defense is an interlocking job that calls for our greatest application of ingenuity, perseverance, and leadership. It is a challenge that we must meet now if we are to safeguard the Nation's future. We must make this our "year of decision," in which we chart a course of action to meet whatever emergencies the future may hold.

WHO Report on Health Statistics

The fifth report of the World Health Organization's Expert Committee on Health Statistics (No. 133) deals with the collection of statistics, organization of national committees, personnel training, cancer registers, and health indicators related to standards and levels of living.

A limited number of copies are available from the National Office of Vital Statistics, Public Health Service, Washington 25, D. C.